

# Gingivitis During Pregnancy



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Pregnant women should focus on good oral hygiene. This will reduce the stress on their unborn child by lessening the chances of dental procedures, not to include their regular cleaning/checkup. During pregnancy, hormone levels in your body continue to grow higher. These increased levels of hormones encourage your body to increase its blood supply to your gingival tissue. This increased blood flow may result in the gum disease known as gingivitis, which is when the gums are swollen and continue to bleed easily. This disease can cause acute discomfort. However, brushing and flossing your teeth may limit the discomfort and bleeding.

Some women may find that there is a rapid overgrowth of gum tissue while expecting their child. This is referred to as pregnancy tumors. Though not a true cancer, it must be treated. To recover from this, you should see your dentist each trimester for prenatal dental exam and dental cleaning with a topical fluoride treatment. Good home care is also essential during this time. Pregnancy tumors usually subside after childbirth.

Approximately one-half of infant mortality is due to low birth weight. Premature births appear to be greater in women with severe gum disease. Excessive bacteria,

which cause gingivitis, can enter the bloodstream through your mouth. Mothers with periodontal disease also have eight times the chance of having pre-term low birth weight babies because the bacteria can travel to the uterus, triggering the production of chemicals called "prostaglandins", which are suspected to induce premature labor.

The old myth that women loose teeth during pregnancy due to a loss of calcium is completely not true. But circumstances and changes in the mouth, or oral cavity make it appear so. The developing child does not take its calcium from your teeth, but from the mothers diet and/or your long bones such as your legs or ribs. Teeth do not contain bone marrow. The elevated hormones make infection more difficult to contain, but if you promote good oral hygiene, it is controllable. It may well be worth taking the time to make sure with your dentist or hygienist that you are cleaning your teeth as effectively as you can.

Brushing should be done at least twice a day, especially after meal times and prior to bed time. The use of a mouth rinse containing folate may be encouraged by your dental hygienist during this time to aid in the reduction of gingivitis. It is also recommended to clean your tongue with a tongue scraping device or even the inside of a teaspoon.

Cavities or decay can increase during or after pregnancy. The inflamed gums that many pregnant women experience can be tender so they may avoid brushing and flossing. This will lead to plaque accumulation. As the fetus grows in size, the stomach capacity decreases. To compensate, frequent small meals and sugary snacks are common. With more plaque present and more available sugars, there is an increase in decay.

Dental care during pregnancy is important. Most dentists will elect to postpone any non-preventive treatment until after the pregnancy. Sometimes this is not an option, but can be completed with minimal risk. A consultation prior to treatment with an OB/GYN

physician is recommended to minimize risks to the future mother and the unborn child.

During the first trimester, a prenatal dental cleaning and examination is important. At this dental cleaning, the dental hygienist will remove the plaque and calculus that lead to gingival inflammation. Then the dental hygienist will review and demonstrate home care that can help the expectant mother maintain her oral health. Upon the examination of the Dentist, he or she will determine if any decay is present in the teeth and make a decision as to, if any restorations are necessary prior to the birth of the child. Mothers who have clean and healthy mouths will most likely have children with little tooth decay and gum disease.

In the second trimester, it is advised that the expectant mother seek routine hygiene care again. It is at this appointment that the more pressing treatment that has been delayed during the first trimester should be looked at. It is relatively safe and comfortable for the woman prior to entering the third trimester. X-rays are considered to be safe, if there use is selected, it should be minimized, but not so much as to compromise treatment. All local anesthetics cross the placenta, so as little as required is best. All appointments should be kept short. A pillow placed under the right hip will reduce the negative effects from lying down.

Finally, during the third trimester, due to inflammation or swelling of the gums, another hygiene appointment may be appropriate, but early in this trimester is the best time. Appointments are kept short as the woman is usually uncomfortable reclining in the dental chair and again, a pillow placed under the right hip will reduce the negative effects from lying down.

In conclusion, please remember that a healthy mouth is a contributing factor in an overall healthy body. It is essential to your unborn child that you maintain a healthy place in your body for it to continue to develop until you welcome your bundle of joy into this world.